

## What about burnout?

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As discussed in my previous editorial,<sup>1</sup> the literature on burnout has been growing exponentially. Many studies have documented high rates of burnout among physicians and residents. Some authors suggest that approximately one-half of practicing physicians in the United States experience burnout and note that burnout has been on rise,<sup>2</sup> while some small studies (eg, Shanafelt et al<sup>3</sup>) have reported rates as high as 76%! If rates are so high, then burnout is an alarming problem that demands immediate attention. On the other hand, perhaps these figures are simply chasing a rainbow.

With statistics this high, one wonders what they actually mean. Are these numbers reflecting a real, serious problem? Could more than one-half of physicians—at least in some specialties—be “burned out”? Maybe, but it is not really clear what these numbers mean. As one author pointed out, “... the best definitions of the burnout syndrome are submeasures of the Maslach Burnout Inventory: high emotional exhaustion, high depersonalization (feeling detached or cynical about patients), and sense of low personal accomplishment.”<sup>4</sup> This widely used definition is confusing as written and does not promote our understanding of the problem. Definition or definitions? And what about different subscores of the Maslach Burnout Inventory? Do we count 1, 2, or 3? Do we combine them? Do we define a syndrome and possibly a disease by scores on a scale?

Recently, Holmes et al<sup>5</sup> found that 69% of residents in their study met the criteria for burnout. They defined burnout “... as a dichotomous variable; the threshold for burnout was either high EE [emotional exhaustion] (a score of 27 or higher) or high DP [depersonalization] (a score of 10 or higher).” The use of 1 subscore or 1 symptom to define a syndrome is a puzzling and imprecise concept appearing through the literature on burnout (eg, in the Shanafelt et al study,<sup>2</sup> 5.4% of the physicians had at least 1 symptom of burnout based on high emotional exhaustion score and/or a high depersonalization score). Yet, in clinical medicine and psychiatry a syndrome usually is defined as a group of symptoms that occur together

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and characterize a certain condition or abnormality. This does not seem to be the case in the literature on burnout.

In a letter reacting to the Holmes et al<sup>5</sup> findings, Brisson and Bianchi<sup>6</sup> stated, citing the original Maslach et al<sup>7</sup> work, that "... these cut-off values have been expressly indicated to be unsuited for diagnostic purposes (p. 9). Indeed, the cut-off points in question reflect a mere tercile-based split and have no clinical or theoretical underpinning." They also criticized the use of emotional exhaustion and depersonalization as 2 independent entities.<sup>6</sup> In another letter, Bianchi et al<sup>8</sup> suggested that burnout is a form of depression rather than a differential of pathology.

The suggestion that burnout is connected to depression and should be studied as such seems reasonable. The concept of burnout as an independent entity is nosologically, logistically, and methodologically untenable.

Numerous studies keep showing ever-increasing rates without any substantial debate about *what* these numbers mean and *how* we should interpret them. I agree with Brisson and Bianchi's<sup>6</sup> conclusion that "Burnout has become a fashionable construct in occupational health research. The characterization of burnout syndrome, however, remains worryingly deficient. Instead of multiplying studies of burnout 'prevalence,' burnout investigators should concentrate their efforts on clarifying the nosological status of the entity they purport to examine."

I am not aiming to discard the entire burnout literature. Where there is smoke, there is usually fire, and I believe that "burnout" research is signaling some "noise." Now we must step back and try to better understand what this noise is all about. Otherwise burnout will follow the path of neurasthenia or nervosism. ■

#### REFERENCES

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**CORRECTION:** In the article, "Memories of intimate partner violence and the process of change" (White M, Pollio DE, Hong BA, et al. *Ann Clin Psychiatry*. 2017;29[1]:35-45), contained an error in the key for Figure 1 and Figure 2. The article has been corrected online.